



P202 - Implications of dermoscopy in melanoma diagnosis: a clinical and medicolegal perspective



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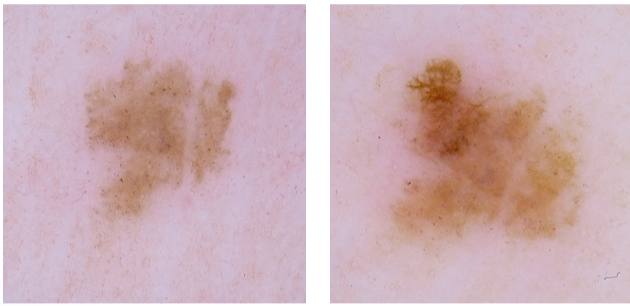
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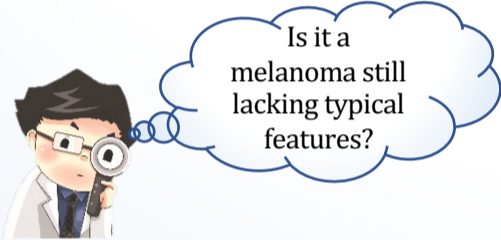
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Melanoma, the 20th most common cancer worldwide, may pose notable diagnostic challenges, making misdiagnosis a leading cause of related malpractice claims.¹ Even with dermoscopy, certain melanomas, especially in **dysplastic nevus** syndrome, remain challenging to differentiate from benign lesions.² Techniques like videodermoscopy (VDS), sequential digital dermatoscopy imaging (SSDI), and total body photography (TBP) offer enhanced magnification and analytical capabilities emphasizing the longitudinal tracking of lesion evolution, prioritizing increased specificity in later evaluations at the expense of initial sensitivity.

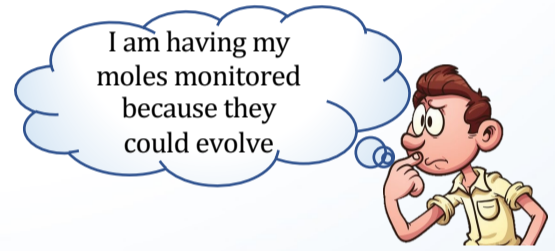


The complexity of these techniques can lead to patient misunderstandings and documented *reduced compliance with follow-up visits*,^{3,4} necessitating careful consideration of the risk-benefit ratio within the existing legal framework. This analysis provides a thoughtful reflection from both **dermatological** and **legal** perspectives on these advancements.



Is it a melanoma still lacking typical features?

Potential discrepancy between the patient's and physician's expectations



I am having my moles monitored because they could evolve.

Is the patient aware that videodermoscopy does NOT monitor atypical moles for a presumed risk of evolution (an infrequent event),⁵ but rather because they could *already be melanomas that are not yet identifiable*?



The use of these methods “*should be limited to selected cases, in which the clinician has adequately weighed the potential benefits (avoiding an unnecessary excisional biopsy) against the risks (leaving a possible melanoma untreated). The possibility that the patient may not show up for a subsequent check-up must also be taken into proper consideration*” (Associazione Italiana di Oncologia Medica, Linee guida MELANOMA 2023)⁶

Legal precedents and Law 219/2017 underscore the imperative of transparent disclosure of diagnostic methodologies and the meticulous **documentation** of informed consent, either in writing or via video recording. This is particularly crucial given the potential misunderstandings arising from the complexity of advanced diagnostic techniques, necessitating standardized training in dermoscopy to adhere to guidelines.

Photographs play a pivotal role in melanoma detection and are essential evidence in trials, requiring explicit **patient disclosure and consent**,^{7,8} especially for the management of such images.



“ ... At the time of the examination, the lesion demonstrated no obvious clues to melanoma... ”



The diligent preservation and documentation of lesion images are vital for post-biopsy re-evaluation, addressing claims related to diagnostic delays and reduced survival, and reflecting the healthcare professional's diligence, ensuring confident and compliant practice.



References

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